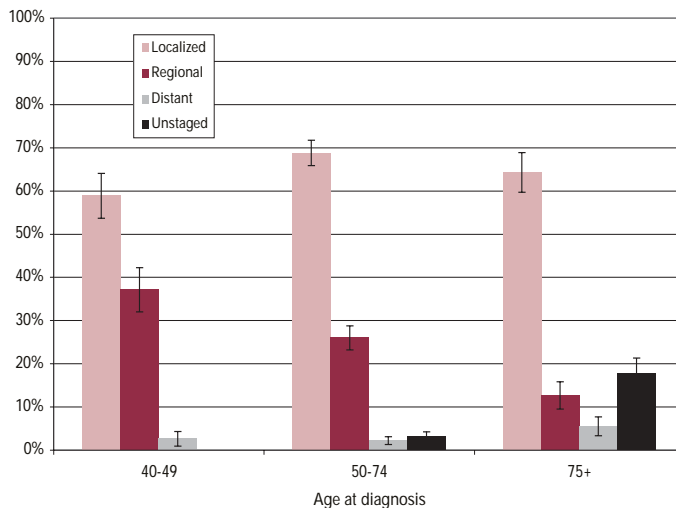


Chronic Disease in Vermont: Breast Cancer 2004

Vermont breast cancer incidence, a measure of new breast cancer cases in the population, does not differ statistically from the U.S. White rate.^{1,2} In the U.S. and in Vermont, more early stage breast cancers are being detected, but mammography has not yet caused the predicted decrease in late-stage cancers.^{1,3} (See Figure 1)

Figure 1. Breast Cancer Incidence by Age and SEER Summary Stage at Diagnosis

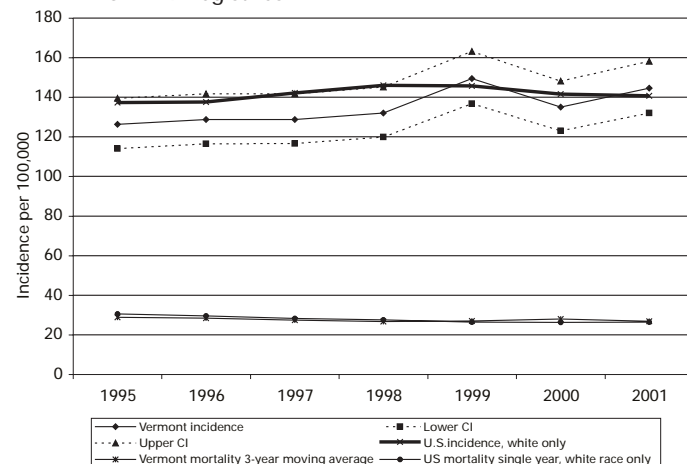


Mammography Guidelines & Vermont Trends

For Vermont women with breast cancer, age is a good predictor of stage at time of diagnosis, probably because of the history of screening recommendations. Although screening is now recommended for all women 40 years of age and older, women over 50 have had the most consistent mammography recommendations over time.⁴ Since 1999, Vermont women 50 to 74 years of age have been more likely to have current mammograms (within the previous two years) than those 75 years of age and older or those 40 to 49 years of age.⁵

Vermont women 50 to 74 years of age also had higher percentages of localized breast cancer than women in the extreme age groups (40 to 49, 75+), although only the

Figure 2. Breast Cancer Incidence and Mortality 1995-2001
Age Adjusted to US 2000 population
SEER 9 Registries



youngest women were significantly different.¹ (See Figure 2) Women 40 to 49 had the highest percentage of regional stage breast cancer, followed by women 50 to 74, and then women 75 and over. All of these differences were statistically significant.¹ Distant stage breast cancers were significantly higher for women 75+ years of age compared to those 50 to 74.¹ Women in the oldest age group were also significantly more likely to have unstaged breast cancers compared to those in the two younger age groups.¹

Breast Cancer Mortality

The goal of screening is to detect breast cancer at a stage that is easier to treat and is associated with a higher survival rate. While 97 percent of U.S. women with localized breast cancer survive at least five years, only 23 percent of U.S. women with distant stage breast survive that long.⁶ Vermont mortality rates remain very similar to those in the U.S., where breast cancer mortality has been declining steadily since the 1990s.⁷ (See Figure 1) The decline to date has been attributed largely to treatment advances. As more of the population is routinely screened, the downward trend is expected to continue.⁸ In Vermont, women 40 to 49 years of age and women 75+ do not appear to be receiving screening according to established guidelines. Increasing screening in these populations may have a beneficial influence on Vermont breast cancer mortality rates.

Ladies First Program

This program for Vermont women with limited income was expanded to include screening for cardiovascular disease risk factors, including cholesterol, hypertension, diabetes and tobacco use, in addition to cancer screening. For more information, contact the Provider Support Line at 1-800-510-2282 or visit the program's website at www.LadiesFirstVt.org

References:

- ¹ Vermont Department of Health. Vermont Cancer Registry, incidence data for 1995-2001, age and stage data for 1997-2000.
- ² Ries LAG, Eisner MP, Kosary CL et al (eds). SEER Cancer Statistics Review, 1975-2001, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2001/, 2004.
- ³ Schootman M, Jeffe D, Reschke A, Aft R. The full potential of breast cancer screening use to reduce mortality has not yet been realized in the United States. *Breast Cancer Res Treat* 2004 Jun;85(3):219-22.
- ⁴ US Preventive Services Task Force. Screening for Breast Cancer: Summary of recommendations. February 2002. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf/uspstfbrca.htm>
- ⁵ Vermont Department of Health. Behavioral Risk Factor Surveillance System, 1997-2000, 2002-03.
- ⁶ Jemal A, Tiwari RC, Murray T et al. Cancer Statistics, 2004. *CA A Journal for Clinicians*. Jan/Feb 2004;54(1):26.
- ⁷ Vermont Department of Health. Vital Statistics System, 1995-2001.
- ⁸ Nasser K. Secular trends in the incidence of female breast cancer in the United States, 1973-1998. *Breast J*. 2004 Mar-Apr;10(2):129-35.